



**RECEIVED**  
**CENTRAL FAX CENTER**  
**JUN 18 2007**

Suite 2800 1100 Peachtree St.  
Atlanta GA 30309-4530  
t 404 815 6500 f 404 815 6555  
www.KilpatrickStockton.com

June 18, 2007

direct dial 404 685 6799  
direct fax 404 541 3244  
BHolmes@KilpatrickStockton.com

## FAX

RECIPIENT/ PHONE NO.	FAX NO.	COMPANY/ CITY, STATE, COUNTRY
Centralized Fax Dept.	571 273 8300	U. S. Patent and Trademark Office Alexandria, VA

Brenda O. Holmes  
FROM

12  
PAGES (WITH COVER)

6559  
REFERENCE NO

44471/297610  
CLIENT/MATTER NO.

**PLEASE CALL 404 815 6497 IF YOU HAVE DIFFICULTY WITH THIS TRANSMISSION.**

**CONFIDENTIALITY NOTE:**

The information contained in this fax message is being transmitted to and is intended for the use of the individual named above. If the reader of this message is not the intended recipient, you are hereby advised that any dissemination, distribution or copy of this fax is strictly prohibited. If you have received this fax in error, please immediately notify us by telephone and destroy this fax message.

**COMMENTS**

Applicant:	Daisuke Kondo
Title:	Operation Lever Assembly of Vehicle Transmission Operator
Serial No./Docket No.	10/782,238 44471/297610
Filed:	Fenstermacher, David

Papers Submitted:

- |                           |                             |
|---------------------------|-----------------------------|
| 1. Transmittal Form       | 4. Amendment and Response   |
| 2. Fee Transmittal        | 5. Credit Card Payment Form |
| 3. Petition for Extension |                             |

By: Brenda O. Holmes, Reg. No. 40,339

**TO BE COMPLETED BY KS OPERATIONS CENTER**

**TRANSMISSION RECEIPT DATE/TIME:** \_\_\_\_\_

**COMPLETED BY:** \_\_\_\_\_

**JOB CODE** \_\_\_\_\_

US1900 9163003.1

ATLANTA AUGUSTA CHARLOTTE LONDON NEW YORK RALEIGH STOCKHOLM WASHINGTON WINSTON-SALEM

PAGE 1/12 \* RCVD AT 6/18/2007 11:12:47 AM [Eastern Daylight Time] \* SVR:USPTO-EFXRF-1/0 \* DNI:2738300 \* CSID:+4048156118 \* DURATION (mm:ss):03:46

Jun-18-07 11:17

From-KILPATRICK STOCKTON LLP

**RECEIVED** +4048156118  
**CENTRAL FAX CENTER**

T-884 P.02 F-487

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL  
FORM**

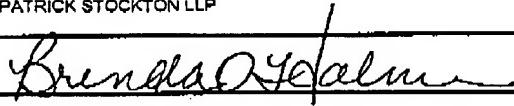
(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	11	Attorney Docket Number	44471/297610
--	----	------------------------	--------------

**ENCLOSURES (check all that apply)**

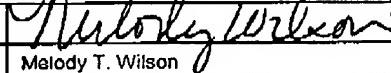
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Credit Card Payment Form
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

**Remarks****SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	KILPATRICK STOCKTON LLP		
Signature			
Printed Name	Brenda O. Holmes, Esq.		
Date	June 18, 2007	Reg. No.	40,339

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Melody T. Wilson
Date	June 18, 2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Jun-18-07 11:17

From-KILPATRICK STOCKTON LLP

**RECEIVED**  
**CENTRAL FAX CENTER**

T-884 P.03/12 F-487

JUN 18 2007

PTO/SB/17 (02-07)

Approved for use through 02/28/2007, OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL for FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)  
120

Complete if Known

Application Number  
10/782,238Filing Date  
February 19, 2004First Named Inventor  
Daisuke KondoExaminer Name  
Fenstermacher, David M.Art Unit  
3682Attorney Docket No.  
44471/297610**METHOD OF PAYMENT (check all that apply)**

- Check  Credit Card  Money Order  None  Other (please identify) : \_\_\_\_\_
- Deposit Account Deposit Account Number: 11-0865 Deposit Account Name: Kilpatrick Stockton LLP
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- |   |   |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)<br>Under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity
-20 or HP=	x	=	_____	50 25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 3 or HP=	x	=	_____	Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/ 50 = (round up to a whole number) x	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge) : One Month Extension Fee

Fee Paid (\$)

120

**SUBMITTED BY**

Signature	<i>Brenda O. Holmes</i>	Registration No. (Attorney/Agent)	40,339	Telephone	404 815 8500
Name (Print/Type)	Brenda O. Holmes, Esq.			Date	June 18, 2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-788-9199) and select option 2.*